

LUCERNE POINTE CONDOMINIUM "C" ASSOCIATION, INC.

C/O GRS MANAGEMENT ASSOCIATES, INC.

3900 WOODLAKE BLVD., SUITE 309

LAKE WORTH, FL 33463

561-641-8554- FAX 561-641-9448

APPLICATION REQUIRMENTS

**55 & OVER COMMUNITY APPROVAL IS REQUIRED
BOARD INTERVIEW REQUIRED PRIOR TO OCCUPANCY**

Applicant must submit the following:

- **Application non- refundable fee of \$150 payable to: GRS Management (money order, cashier's check or personal check only)**
- **Copy of lease or sales contract required**
- **Copy of driver's license or ID**
- **Signed applicant authorization form for background & credit for each applicant 18 yr. old and over.**
- **Signed copy of lease addendum required for (leases)**

IF NEEDED HOMEOWNERS DOCUMENTS ARE \$75 PAYABLE TO: GRS MGMT.

FAIRWAY "C" CONDOMINIUM ASSOCIATION, INC
G.R.S. MANAGEMENT ASSOCIATIONES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

1. Complete every line/blank on the attached documents. All questions must be answered. All blanks completed. Should the question not apply, answer "N/A". PRINT COMPLETE mailing addresses, including zip codes. IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, MANAGEMENT COMPANY, ASSOCIATION, AND/OR OWNERS WILL NOT BE RESPONSIBLE/LIABLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT CAUSED BY OMISSION OR ILLEGIBILITY.
2. A non-refundable application fee of \$150.00 EACH must accompany EACH Application (per unrelated applicant).
3. Return the attached forms to GRS Management at the address listed at the top of This form, along with a copy of the sale or lease agreement
4. The references listed on the application must be thoroughly investigated, prior to any meeting with the interview committee. The association has thirty (30) days from the receipt of a valid and completed set of responses to the association's inquiries in which to give their decision.
5. Prior to final approval, all applicants must be interviewed. The Board of Directors normally gives management their decision within twenty-four (24) Hours following the interview.
6. Should the unit have funds owing the association, an application for lease or sale Will not be considered a valid one; until such time as all balances due the Association have been satisfied or arrangements for payment have been made. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of the area checks to clear, before requesting an interview. The association as thirty (30) days from the time of full Satisfaction of all balances owing in which to interview the applicant and give their decision.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
PAGE TWO

7. If approval is given, on the purchase of the unit, the Association will furnish the proper written approval form to the designated party. Should the application be for a purchase, the designated party then agrees to furnish a copy of the WARRANTY DEED, along with the buyers' LEGAL MAILING ADDRESS and telephone number, to the Management Company, immediately following the close of the sale. The Management Company will not amend their records, recording a new owner without said Warranty Deed.
8. It is the Sellers' obligation to furnish the following to the buyer:
 - a. A full set of current Documents and the Rules & Regulations.
 - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
9. It is the Lessors' obligation to furnish the following to the Lessees:
 - a. A current copy of the Documents & Rules and Regulations.
 - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
 - c. It is the Lessors' obligation to keep the Lessees advised of any change in rules & regulations or other community information applicable to the Lessee during the term of the lease.
10. It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.
11. Homeowner fees are due monthly, in advance, on the 1st days of each month. Coupons will be mailed to you as a courtesy at the end of each year for the following year. It is your responsibility to pay these fees even if coupons are not received. If you do not receive the coupons, please contact GRS Management @ 641-8554 and a new set will be mailed to you.
12. In order to occupy a unit, you must be 55 years old or older.

LEASE/RESALE APPLICATION

Date: _____ Date of Occupancy: _____

Name: _____ Date of Birth _____ Soc Sec# _____

Spouse or Co-applicant: _____ Date of birth _____ Soc Sec# _____

() Single () Married

Number of people who will occupy Unit (adults) _____

In case of Emergency notify: _____ Phone: _____

Please print Part 1 Residence History 5 years minimum

A. Present address: _____ Phone#: _____

Email address _____ Apt or Condo name: _____ Phone#: _____

Date of residency: _____ Landlord or mortgage _____ Phone#: _____

B Previous Address: _____ Phone#: _____

Apt or Condo Name: _____ Phone#: _____

Date of residency _____ Landlord or Mortgage _____ Phone#: _____

PART 2 EMPLOYMENT & BANK REFERENCES

A. Employed by: _____ Phone# _____ How Long _____

Position: _____ Address: _____

B. Spouses or Co-applicant Employment _____ Phone#: _____

How Long _____ Position _____ Address _____

C. Bank Reference: _____ Phone#: _____

How Long _____ () checking () savings

Address: _____

D. Bank Reference: _____ Phone#: _____

How Long _____ () checking () savings

(PLEASE PRINT) PART 3 - CHARACTER REFERENCES

1. _____
Res Phone # _____ Bus Phone # _____
Address _____
2. _____
Res Phone # _____ Bus Phone # _____
Address _____
3. _____
Res Phone # _____ Bus Phone # _____
Address _____

Number of cars (to be parked here): _____ Drives Lic # _____ State _____

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, GRS MANAGEMENT ASSOCIATES, INC, AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT TO THE ASSOCIATION CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING THE APPLICATE RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT, GRS MANAGEMENT ASSOCIATES, INC., MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AS APPLICABLE

SIGNATURE _____ SIGNATURE _____
Applicant spouse

LUCERNE POINTE CONDOMINIUM "C" ASSOCIATION, INC.

ADDENDUM TO LEASE

This ADDENDUM is made between _____ ("Landlord") and _____ ("Tenant") effective this _____ day of _____, 20____, and is intended to and shall supplement, amend and modify that certain LEASE dated _____ in the following respects:

1. Tenants(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Amended and Restated Declaration of Conditions, Covenants, Easements and Restrictions for Lucerne Pointe Condominium "C" Association, Inc. ("Fairway C"); Bylaws of Fairway C; Articles of Incorporation of Fairway C; and any rules and regulations for Fairway C.
2. In the event the Landlord/owner becomes delinquent in the payment of assessments (regular or special) or other charges to the Association, the Association may notify the Tenant. Upon such notification, the Tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full.

Witness:

LANDLORD

Print Name

By: _____
By: _____

Witness:

TENANT(S)

Print Name

By: _____
By: _____

FAIRWAY " C " CONDOMINIUM ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATION, INC
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

TO ALL NEW OWNERS
FROM THE BOARD OF DIRECTORS
RE: HOMEOWNERS FEES

.....
Please be advised that as a new owner at Fairway "C" Condominium Association Inc. you are now a member of the Condominium Association. This memorandum is to advise you of your responsibilities as a member of the Association.

First and foremost, as a member of the Association you are agreeing to abide by the Associations documents as recorded in the Palm Beach County Official Records. If you have not received a copy of these documents from the seller of your unit, they are available to you from the GRS Management @ 641 8554 for a fee of \$75.00

There are a few general items contained in these documents that we would like to point out to you. On the date of your closing, you should make sure that:

- A) Your title company has verified that the homeowners fees on your unit have Been paid. These fees are a lien against your unit, and you could be responsible if they are outstanding.
- B) Your title company has forwarded a copy of your warranty deed to GRS Management. This must be done in order for the unit to be transferred to your name in the official records of the Association, The Management Company WILL NOT change the name on the official records without receiving this information, which in turn could hold up any correspondence concerning Association matters from reaching you.
- C) Homeowners fee are due MONTHLY, in advance, on the 1st day of each Month. Coupon books will be mailed to you as a courtesy at the end of each yearns for the following year. It is your responsibility to pay these fees even if a coupon book is not received. If you do not receive a coupon book, please contact GRS Management @ 641 8554 and a new set will be mailed to you.

Should you have any questions concerning the Condominium Association, please fell free to contact GRS Management @ 641 8554 and they will be happy to assist you.

FAIRWAY CLUB "C" CONDOMINIUM ASSOCIATION, INC.

AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Fairway "C" as a community of housing for older persons in accordance with Fairway "C" documents and the Federal Fair Housing Act.

Lot# _____ Address _____

Owner's Name _____ Date of Birth _____

Owner's Name _____ Date of Birth _____

Occupant(s) include owner(s) above if occupant(s) of unit:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of such change in writing

Owner

Owner

Owner

Date _____

*****Please provide valid copy of driver's license or ID's for all occupants**

FAIRWAY " C " CONDOMINIUM ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATION, INC
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Should you have any questions concerning the Condominium Association, please fell free to contact GRS Management @ 641 8554 and they will be happy to assist you.

FAIRWAY "C"
CONDOMINIUM ASSOCIATION

RE: Application for and FAIRWAY "C"

TO: FAIRWAY "C" Board of Directors
Lucerne Point Recreation Association

FROM _____
(Name of Unit Owner selling/leasing unit)

This will introduce _____, who
Has purchased /leased the following unit as of _____
With a lease expiration date of _____, Building
No. _____ Unit No. _____

ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone: _____

Upon acceptance by the Board of Directors, please issue the proper
approval documents and I.D. Cards

Unit Owner

TO ALL NEW RESIDENTS:

WE REQUEST ALL NEW RESIDENTS TO BREAK DOWN
ALL CARTONS AND PLACE THEM INSIDE A DUMPSTER.
THE WASTE MANAGEMENT COMPANY DOES NOT PICK
UP ITEMS THAT ARE PLACED OUTSIDE THE DUMPSTER.

New Resident

Building No. _____ Unit No. _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

Name	age	relationship
------	-----	--------------

Name	age	relationship
------	-----	--------------

Name	age	relationship
------	-----	--------------

FAIRWAY "C"
CONDOMINIUM ASSOCIATION

RE: Application for FAIRWAY "C" CONDOMINIUM
AND LUCERNE POINT

TO: FAIRWAY "C: Board of Directors
Lucerne Point Recreation Association

FROM: _____
(name of unit owner selling/leasing unit)

This will introduce _____, who
Has purchased/leased the following unit as of _____,
With a lease expiration date of _____, building
No. _____ Unit No _____

ADDRESS: _____

City _____ State _____ Zip Code _____
Telephone: _____

Upon acceptance by the Board of Directors, Please issue the proper approval documents and I.D. cards

FAIRWAY "C" CONDOMINIUM ASSOCIATION, INC.

NAME _____

ADDRESS _____

LOCAL PHONE # _____ OUT OF TOWN # _____

YOUR ALTERNATE (out of town) MAILING ADDRESS _____

EMERGENCY CONTACT (Local or out of state)

NAME: _____ PHONE NUMBER _____

In emergency does the association have a key to your unit: Yes ___ No ___

If not please give a key to your building president

DOES YOUR UNIT HAVE AN ALARM? If so alarm code _____

WHO HAS A KEY TO TO YOUR UNIT: NAME _____

ADDRESS _____

PHONE NUMBER _____

DO YOU HAVE A HOUSE SITTER? YES _____ NO _____

IF YES, PLEASE PROVIDE: NAME _____ PHONE # _____

DO YOU LEASE UNIT: Yes ___ NO ___ IF SO PLEASE PROVIDE THER NAME AND PHONE

NUMBER. _____

WHAT IS YOUR ORIGINAL ASSIGNED PARKING LOT NUMBER _____

IF NOT KNOWN SPEAK TO YOUR BUILDING PRESIDENT.

HOW MANY CARS DO YOU REGULARLY PARK IN OUR LOTS? _____

PLEASE SUPPLY US WITH ANY FURTHER INFORMATION YOU MAY WANT US TO KEEP ON RECORD _____

PLEASE PRINT ALL INFORMATION
PLEASE RETURN FORM TO GRS MANAGEMENT
561 641 8554
561 641 9448

FAIRWAY CLUB CONDO "C"
4721 & 4723 Lucerne Lakes Blvd.

RULES AND REGULATIONS FOR MOVING IN AND MOVING OUT
BUYERS AND RENTERS

Moving Hours

Dated: _____

Monday through Friday: 8:00 am to 4:00 pm
Saturday: 8:00 am to 11:30 am
Sunday: No moving in or out

Initials Required

- 1: Get instructions from Management on how to use the elevator to avoid a breakdown. _____
- 2: Inform Management and Board of Directors of the day you are moving in 5 days prior to move. _____
- 3: Do not use any obstacle to hold the elevator door open as it will create a breakdown. _____
- 4: Elevator cannot be held up during loading and unloading. _____
- 5: Residents must be able to use the elevator during a move. Unload on the walkway, then release for residents use. _____
- 6: Do not move furniture or possessions across the grass and shrubs during a move. Use the walkway by the trash room to get to the elevator. _____
- 7: You will be responsible for any damage made to property or grounds during your move. _____
- 8: Use of the Trash Room:**
- 9: Residents must break down and bundle all cartons before discarding.
 - a Cartons are to be placed on the side of the trash bin. Do not throw cartons in the trash bin. _____
 - b Garbage is to be placed in tied/sealed plastic bags only that go into the dumpster. _____
 - c Do not throw newspapers in the dumpster/trash bin. We recycle!!! _____
 - d Please use recycles bins as directed: _____
 - e Do not discard furniture in our trash room or on the walkway. It will not be picked up!! _____
- 10: **Pets** and/or guest pets are not permitted on the premises or in the apartments. _____

I/We understand and accept the above Rules and Regulations:

Lessee, Print: _____ Lessee, Signature: _____

Lessee, Print: _____ Lessee, Signature: _____

Buyer, Print: _____ Buyer, Signature: _____

Buyer, Print: _____ Buyer, Signature: _____

Witnessed by: _____ Dated: _____

FAIRWAY CLUB CONDO "C"
4721 & 4723 Lucerne Lakes Blvd.
Lake Worth, FL 33467

DAMAGE TO PROPERTY: LESSEE / LESSOR

Lessee (renter) and/or Lessor (owner) will be responsible for any damage to premises during move in and throughout the duration of the Lease.

Lessee will provide Management/Board of Directors with the following information prior to moving in:

1: Name of moving company, address and telephone number.

Print only: _____

2: If not using a moving company, name, address and phone number of people who are assisting with the move. (Local only.)

Print only: _____

3: I will abide by the Rules & Regulations for moving in Yes ___ No ___ Initial ___

4: I understand that no pets are permitted on our premises Yes ___ No ___ Initial ___

5: Do you own a pet? Yes ___ No ___ Initial ___

I/We understand and accept the above: _____ **Dated:** _____

Lessee, Print _____ Signature _____

Lessee, Print _____ Signature _____

Witnessed by: _____ Dated: _____

FAIRWAY CLUB CONDO "C"
4721 & 4723 Lucerne Lakes Blvd.
Lake Worth, FL 33467

*need 3
references -
business &/or
personal.*

REFERENCES

I HAVE NAMED: _____

Address _____

Telephone: _____

AS A REFERENCE ON MY APPLICATION FOR RESIDENCY.

YOU ARE HEREBY AUTHORIZED TO RELEASE AND GIVE TO THE PARTY (S)
ANY INFORMATION THEY REQUEST CONCERNING MY RESIDENCE AND
EMPLOYMENT IN REGARD TO MY APPLICATION MADE FOR RESIDENCY
AT THE ADDRESS STATED AT TOP OF PAGE.

Applicant signature

Applicant name printed

Dated: _____

Comments: _____

By: _____

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
PAGE THREE

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS, AS SET FORTH ABOVE,
AND AGREE TO COMPLY WITH SAME.

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

LESSEE: _____ DATE: _____

LESSEE: _____ DATE: _____

APPLICAT. L&S